The University of the State of New York THE STATE EDUCATION DEPARTMENT STAC & Medicaid Unit

Albany, New York 12234

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	Provider Information			
Funding Source: Private School Teacher Certification Funds FINAL EXPENDITURE REPORT				
School Year:	2019-2020 [7/1/2019 - 6/30/2020]			
Agency Name:				
Federal ID Number:				
School Code:				
Mailing Address:				
Name of Preparer				
Phone # of Preparer	County:			
Email address:				

	Instructions
1.	Submit one signed original report and one copy attention Sheila Costa to: STAC & Medicaid Unit, New York State Education Department, Room 514 EB, Albany, NY 12234.
2.	Category subtotals must be reported in whole dollar amounts.
3.	To be in compliance with applicable audit requirements, complete and accurate records must be maintained at the local level.
4.	Certification on last page must be signed by Chief Administrative Officer or designee.
5.	High-quality computer-generated reproductions of this form may be used.
6.	For specific Consolidated Fiscal Reporting (CFR) questions, please contact your assigned RSU accountant.

TUITION FOR PROFESSIONAL STAFF:

Include all tuition for professional staff approved for reimbursement in budget.

		Certification	Fee Per	# Of	
Teacher Name	Course Name	Discipline	Credit Hr.	Credit Hrs	Total Expenses
			Orthered		
Subtotal					

TEST PREPARATION EXPENSES:

Include all course expenses for teachers approved for test preparation in budget.

		Certification	Course Work		
Teacher Name	Course Name	Discipline	Fee Per Hour	Credit Hrs	Total Expenses
			<u> </u>	<u> </u>	

Subtotal

TEST FEES PAID:

-		Certification		
Teacher Name	Course Name	Discipline	Test Required	Total Expenses
			Subtotal	

Grand Total

Certification

I hereby certifiv that these funds were expended per the catagories above and for the purposes as described in the November 2006 James P. DeLorenzo Teacher Certification Funds memo.

Chief Administrative Officer or designee

Signature:

Dated:

Printed Name:

Title: